

MULTIPLE DEPEN.
CLM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10 / 579193

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1					51						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓										
TOTAL DEP.	2	←											
TOTAL CLAIMS	3												